ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 182

Registered No. 149

1. PLACE OF BIRTH

County _Gila_ State _Arizona_

District or Township _____ or Village _____

City _Miami_ No. _717 ½ Live Oak_ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Alejandro Chaves_ { If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Boy_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _Yes_

7. Date of birth _Apr 24 1927_
Month Day Year

8. FATHER	14. MOTHER
Full name _Matias Chaves_	Full maiden name _Josefa Aguirre_
9. Residence _717 ½ Live Oak St._ (Usual place of abode)	15. Residence _717 ½ Live Oak St_ (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race _Mexican_ 11. Age at last birthday _40_ (Years)	16. Color or race _Mexican_ 17. Age at last birthday _33_ (Years)
12. Birthplace (city or place) _Yaguatica_ (State or country) _Jalisco Mex._	18. Birthplace (city or place) _Sierra Gordo_ (State or country) _Durango Mexico_
13. Occupation _Miner_ Nature of industry	19. Occupation _Housewife_ Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _6_
(b) Born alive but now dead _1_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _alive_ at _8 15_ A.m. on the date above stated
(Born alive or stillborn.)

Signature _Rosa Cortez_

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife).

Given name added from a supplemental report _____ Month, day, year

Address _708 Sullivan St_

Filed _Apr 30, 1927_ _C. E. Doom_
Registrar

Registrar

132-434-115